PROVISIONAL BALLOT CERTIFICATE Ballot under Wis. Stat. § 6.97

voter: Complete the information below and sign the c	ertification in the presence of an election	inspector who must also sign	<u></u> Ојјісі	al Use Only:
Date of Election (month/ day/ year)	County	County		<i>'</i> #
Municipality (check type and list name) Town □ Village □ City □ of	Ward	1 #	muni	must supply the following information to the cipal clerk no later than 4:00 p.m. on the Frida wing the election in order for this ballot to be counted:
Name (Last, First, Middle) including suffix				WI Driver License number
Street Address – include street number or fire number and name of street, or rural route and box number				Proof of Residence (1st-time WI voters who registered before April 4, 2014 and have not
City, State, Zip	Phone #,	including area code		provided POR – "POR Required" notation on poll list)
Date of Birth (month/day/year)	, i	Are you a citizen of the United States? Yes No		Photo I.D.
I certify, subject to the penalties of Wis. Stat. § 12.13(3)(g) at the election today. I understand that if I fail to submiccounted.	, that I am a qualified elector of the ward an			
Signature of Voter	Date	Signature of Electi	on Inspector	Date

GAB-123 | Rev 2015-04 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | 608-261-2028 | web: gab.wi.gov | mail: gab@wi.gov